

|                             |  |                                     |          |                                                                                                                                               |           |                                                                                       |
|-----------------------------|--|-------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------|
| Your Social Security Number |  | Your first name                     |          | Initial                                                                                                                                       | Last name | <input type="checkbox"/> Check here if amended return<br>indicate year amending _____ |
| Spouse's Soc Sec Number     |  | If joint return spouse's first name |          | Initial                                                                                                                                       | Last name |                                                                                       |
| Residence address           |  |                                     |          | <b>RESIDENCY STATUS</b><br><input type="checkbox"/> RESIDENT <input type="checkbox"/> NONRESIDENT <input type="checkbox"/> PART YEAR RESIDENT |           | Total number of<br><b>EXEMPTIONS</b><br>from page 2                                   |
| City/Town or Post Office    |  | State                               | Zip Code | Enter Name and address used on prior years' return. (If none filed, please give reasons.)                                                     |           |                                                                                       |

|                                                     | INCOME                                                                                                                    | From federal return | Exclusions<br>Adjustments | Income subject to tax |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------|-----------------------|
| ATTACH<br>COPY OF<br>PAGE 1 OF<br>FEDERAL<br>RETURN | 1. Wages, salaries, tips, etc.                                                                                            | 1                   |                           | 00                    |
|                                                     | 2. Taxable interest (RESIDENTS ONLY)                                                                                      | 2                   |                           | 00                    |
|                                                     | 3. Ordinary dividends                                                                                                     | 3                   |                           | 00                    |
|                                                     | 4. Taxable refunds, credits or offsets                                                                                    | 4                   |                           | NOT TAXABLE 00        |
|                                                     | 5. Alimony received                                                                                                       | 5                   |                           | 00                    |
|                                                     | 6. Business income (Attach copy of federal Schedule C or CE.)                                                             | 6                   |                           | 00                    |
|                                                     | 7. Capital gains or losses (Attach copy of federal Schedule D.) <input type="checkbox"/> Federal Schedule D not required. | 7                   |                           | 00                    |
|                                                     | 8. Other gains or losses (Attach copy of federal Form 4797.)                                                              | 8                   |                           | 00                    |
|                                                     | 9. Taxable IRA distributions                                                                                              | 9                   |                           | 00                    |
|                                                     | 10. Taxable pension distributions (Attach copy of Form 1099-R.)                                                           | 10                  |                           | 00                    |
| ATTACH<br>W-2<br>FORMS<br>HERE                      | 11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of fed. Sch. E.)               | 11                  |                           | 00                    |
|                                                     | 12. Subchapter S corporation distributions (Attach copy of federal Schedule K-1.) RESIDENTS ONLY                          | 12                  | NOT APPLICABLE            | 00                    |
|                                                     | 13. Farm income or loss (Attach copy of federal Schedule F.)                                                              | 13                  |                           | 00                    |
|                                                     | 14. Unemployment compensation                                                                                             | 14                  |                           | NOT TAXABLE 00        |
|                                                     | 15. Social security benefits                                                                                              | 15                  |                           | NOT TAXABLE 00        |
|                                                     | 16. Other income. List type and amount. Type Amount \$                                                                    | 16                  |                           | 00                    |
|                                                     | Total additions (Add lines 2 through 16.)                                                                                 |                     |                           | 00                    |
|                                                     | 17. Total income (Add lines 1 through 16.)                                                                                | 17                  |                           | 00                    |

| DEDUCTIONS See instructions. Deductions must be allocated on the same basis as related income.                                                                       |    |  |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|----|
| 18. IRA deduction (Attach copy of page 1 of federal return & evidence of payment.)                                                                                   | 18 |  | 00 |
| 19. Self Employed SEP, SIMPLE and qualified plans (Attach copy of page 1 of federal return.)                                                                         | 19 |  | 00 |
| 20. Employee business expenses (See instructions and attach copy of federal Form 2106 or 2106EZ.)                                                                    | 20 |  | 00 |
| 21. Moving expenses (Into City area only) (Attach copy of federal Form 3903.)                                                                                        | 21 |  | 00 |
| 22. Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of page 1 of federal return.)                                                                            | 22 |  | 00 |
| 23. Intentionally Blank                                                                                                                                              | 23 |  | 00 |
| 24. Total deductions (Subtractions) (Add lines 18 through 23.)                                                                                                       | 24 |  | 00 |
| 25. Total income after deductions (Subtract line 24 from line 17.)                                                                                                   | 25 |  | 00 |
| 26. Amount for exemptions. (Number of exemptions, _____ x \$600) MUST COMPLETE EXEMPTION SCHEDULE ON PAGE 2                                                          | 26 |  | 00 |
| 27. Total income subject to tax (Subtract line 26 from line 25.)                                                                                                     | 27 |  | 00 |
| 28. Tax at (MULTIPLY LINE 27 BY <input type="radio"/> .01 (Resident) <input type="radio"/> .005 (Non-Resident) <input type="radio"/> % (Partial Resident-from table) | 28 |  | 00 |

| PAYMENTS AND CREDITS                                                                                               |    |  |    |
|--------------------------------------------------------------------------------------------------------------------|----|--|----|
| 29. Tax withheld by your employer (Attach W-2 Forms showing tax withheld.)                                         | 29 |  | 00 |
| 30. Payments on 2010 Declaration of Estimated Income Tax, payments with an extension and credits forward from 2009 | 30 |  | 00 |
| 31. Credit for tax paid to another city and for tax paid by a partnership (Attach copy of other city's return.)    | 31 |  | 00 |
| 32. Total payments and credits (Add lines 29 through 31.)                                                          | 32 |  | 00 |

|                                                                                                                                                   |    |  |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----|--|----|
| 33. If tax (line 28) is larger than payments (line 32) you owe tax (Enter tax due.) MAKE CHECK OR MONEY ORDER PAYABLE TO: LANSING CITY TREASURER. | 33 |  | 00 |
| 34. If payments (line 32) are larger than tax (line 28) enter overpayment                                                                         | 34 |  | 00 |

|                                                                                                                         |  |                                                                    |  |                                                      |  |    |
|-------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|--|------------------------------------------------------|--|----|
| <b>DONATION</b>                                                                                                         |  | 35. Overpayment Donation                                           |  | <input type="checkbox"/> Police Problem Solving 35a. |  |    |
|                                                                                                                         |  | All or any portion of overpayment may be donated to any fund       |  | <input type="checkbox"/> HOPE Scholarship 35b.       |  |    |
|                                                                                                                         |  |                                                                    |  | <input type="checkbox"/> Homeless Assistance 35c.    |  |    |
| 36. Amount of Overpayment to be credited forward to 2011                                                                |  | Amount of credit to 2011 >>                                        |  | 36                                                   |  | 00 |
| 37. Amount of Overpayment to be refunded (For direct deposit mark refund box on line 38 and complete line 38 a, b & c.) |  | Refund amount >>                                                   |  | 37                                                   |  | 00 |
| 38. REFUND ONLY Direct deposit refunded                                                                                 |  | <input type="checkbox"/> Refund - Direct deposit                   |  |                                                      |  |    |
| a. Routing number                                                                                                       |  | <input type="text"/>                                               |  |                                                      |  |    |
| b. Account number                                                                                                       |  | <input type="text"/>                                               |  |                                                      |  |    |
| c. Type of account:                                                                                                     |  | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |  |                                                      |  |    |

\*If balance due is greater than \$100, additional penalty and interest may be assessed

|                            |                 |                |
|----------------------------|-----------------|----------------|
| <b>FORM L-1040, PAGE 2</b> | Taxpayer's name | Taxpayer's SSN |
|----------------------------|-----------------|----------------|

## EXEMPTIONS SCHEDULE

|                                                                                                                  | Date of birth                             | Regular                  | 65 & over                | Blind                    | Deaf                     | Perm. disabled<br>para-/hemi-/<br>quadriplegic |                                   |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------------------|-----------------------------------|
| You                                                                                                              | <input style="width: 100%;" type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                       | Box A. Number of<br>boxes checked |
| Spouse                                                                                                           | <input style="width: 100%;" type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                       |                                   |
| You <input type="checkbox"/> Check box if you can be claimed as a dependent on another person's tax return       |                                           |                          |                          |                          |                          |                                                |                                   |
| Spouse <input type="checkbox"/> Check box if spouse can be claimed as a dependent on another person's tax return |                                           |                          |                          |                          |                          |                                                |                                   |

  

| Dependents |           |                        |              |               |                                                                                   |
|------------|-----------|------------------------|--------------|---------------|-----------------------------------------------------------------------------------|
| First name | Last Name | Social security number | Relationship | Date of birth |                                                                                   |
|            |           |                        |              |               | Box B. Number of<br>dependents claimed<br>on federal return<br>(list to the left) |
|            |           |                        |              |               |                                                                                   |
|            |           |                        |              |               |                                                                                   |
|            |           |                        |              |               |                                                                                   |
|            |           |                        |              |               |                                                                                   |
|            |           |                        |              |               | Box C. Total number of<br>exemptions (add the<br>numbers in Box A and<br>Box B)   |

## ADDRESSES WHERE TAXPAYER AND/OR SPOUSE RESIDED DURING TAX YEAR

| INDICATE<br>T,S,B | ADDRESS (INCLUDE CITY, STATE & ZIP CODE) | FROM  |     | TO    |     |
|-------------------|------------------------------------------|-------|-----|-------|-----|
|                   |                                          | MONTH | DAY | MONTH | DAY |
|                   |                                          |       |     |       |     |
|                   |                                          |       |     |       |     |
|                   |                                          |       |     |       |     |
|                   |                                          |       |     |       |     |

T = Taxpayer      S = Spouse      B = Both

## THIRD-PARTY DESIGNEE

Do you want to allow another person to discuss this return with the Income Tax Department? ☐ Yes. Complete the following. ☐ No

|                 |                       |                                         |                      |                      |                      |
|-----------------|-----------------------|-----------------------------------------|----------------------|----------------------|----------------------|
| DESIGNEE'S NAME | Phone<br>No. (      ) | Personal identification<br>number (PIN) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|-----------------|-----------------------|-----------------------------------------|----------------------|----------------------|----------------------|

I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct and complete. If prepared by a person other than taxpayer, the preparer's declaration is based on all information of which preparer has any knowledge.

|                                    |                                                                 |      |                       |                                  |
|------------------------------------|-----------------------------------------------------------------|------|-----------------------|----------------------------------|
| ==><br><b>SIGN<br/>HERE</b><br>==> | TAXPAYER'S SIGNATURE - If joint return, both spouses must sign. | Date | Taxpayer's occupation | Daytime phone number<br>(      ) |
|                                    | SPOUSE'S SIGNATURE                                              | Date | Spouse's occupation   |                                  |

Please provide email address if you would like us to contact you via email: \_\_\_\_\_

|                                 |                                                               |      |                                  |
|---------------------------------|---------------------------------------------------------------|------|----------------------------------|
| <b>PREPARER'S<br/>SIGNATURE</b> | SIGNATURE OF PREPARER OTHER THAN TAXPAYER                     | Date | EIN                              |
|                                 |                                                               |      | Preparer's phone number (      ) |
|                                 | Firm's name (or yours if self employed), address and ZIP code |      |                                  |

MAKE CHECK/MONEY ORDER PAYABLE TO: LANSING CITY TREASURER.  
 MAIL **PAYMENTS** TO: LANSING CITY TREASURER  
 P.O. BOX 40752  
 LANSING, MI 48901

MAIL **REFUND & ZERO** RETURNS TO:  
 INCOME TAX OFFICE  
 G-29 - CITY HALL  
 124 W MICHIGAN AVE  
 LANSING, MI 48933

|                             |                                                                                                                                                                   |                                                                                                                                                                  |                         |                                            |    |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------|----|
| 2011                        | <b>CITY OF LANSING-INCOME TAX OFFICE</b><br><b>QUARTERLY STATEMENT-DECLARATION OF ESTIMATED TAX</b><br>For Calendar Year 2011 or Fiscal Year Ending _____, 20____ |                                                                                                                                                                  | VOUCHER<br>NO. <b>4</b> | <b>Due Date</b><br><b>January 31, 2011</b> |    |
|                             | SOCIAL SECURITY NUMBER                                                                                                                                            |                                                                                                                                                                  | EMPLOYER I.D. NUMBER    |                                            |    |
| TAXPAYER'S NAME AND ADDRESS |                                                                                                                                                                   | MAKE CHECKS PAYABLE TO:<br><b>TREASURER, CITY OF LANSING</b><br>MAIL CHECK WITH <b>VOUCHER 4</b> TO:<br>INCOME TAX OFFICE<br>P.O. BOX 40752<br>LANSING, MI 48901 | Estimated Tax           | \$                                         | 00 |
|                             |                                                                                                                                                                   |                                                                                                                                                                  | Payment Amount          | \$                                         | 00 |
|                             |                                                                                                                                                                   |                                                                                                                                                                  |                         |                                            |    |

|                             |                                                                                                                                                                   |                                                                                                                                                                  |                         |                                              |    |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------|----|
| 2011                        | <b>CITY OF LANSING-INCOME TAX OFFICE</b><br><b>QUARTERLY STATEMENT-DECLARATION OF ESTIMATED TAX</b><br>For Calendar Year 2011 or Fiscal Year Ending _____, 20____ |                                                                                                                                                                  | VOUCHER<br>NO. <b>3</b> | <b>Due Date</b><br><b>September 30, 2011</b> |    |
|                             | SOCIAL SECURITY NUMBER                                                                                                                                            |                                                                                                                                                                  | EMPLOYER I.D. NUMBER    |                                              |    |
| TAXPAYER'S NAME AND ADDRESS |                                                                                                                                                                   | MAKE CHECKS PAYABLE TO:<br><b>TREASURER, CITY OF LANSING</b><br>MAIL CHECK WITH <b>VOUCHER 3</b> TO:<br>INCOME TAX OFFICE<br>P.O. BOX 40752<br>LANSING, MI 48901 | Estimated Tax           | \$                                           | 00 |
|                             |                                                                                                                                                                   |                                                                                                                                                                  | Payment Amount          | \$                                           | 00 |
|                             |                                                                                                                                                                   |                                                                                                                                                                  |                         |                                              |    |

|                             |                                                                                                                                                                   |                                                                                                                                                                  |                         |                                         |    |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|----|
| 2011                        | <b>CITY OF LANSING-INCOME TAX OFFICE</b><br><b>QUARTERLY STATEMENT-DECLARATION OF ESTIMATED TAX</b><br>For Calendar Year 2011 or Fiscal Year Ending _____, 20____ |                                                                                                                                                                  | VOUCHER<br>NO. <b>2</b> | <b>Due Date</b><br><b>June 30, 2011</b> |    |
|                             | SOCIAL SECURITY NUMBER                                                                                                                                            |                                                                                                                                                                  | EMPLOYER I.D. NUMBER    |                                         |    |
| TAXPAYER'S NAME AND ADDRESS |                                                                                                                                                                   | MAKE CHECKS PAYABLE TO:<br><b>TREASURER, CITY OF LANSING</b><br>MAIL CHECK WITH <b>VOUCHER 2</b> TO:<br>INCOME TAX OFFICE<br>P.O. BOX 40752<br>LANSING, MI 48901 | Estimated Tax           | \$                                      | 00 |
|                             |                                                                                                                                                                   |                                                                                                                                                                  | Payment Amount          | \$                                      | 00 |
|                             |                                                                                                                                                                   |                                                                                                                                                                  |                         |                                         |    |

|                             |                                                                                                                                                                   |                                                                                                                                                                  |                         |                                          |    |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------|----|
| 2011                        | <b>CITY OF LANSING-INCOME TAX OFFICE</b><br><b>QUARTERLY STATEMENT-DECLARATION OF ESTIMATED TAX</b><br>For Calendar Year 2011 or Fiscal Year Ending _____, 20____ |                                                                                                                                                                  | VOUCHER<br>NO. <b>1</b> | <b>Due Date</b><br><b>April 30, 2011</b> |    |
|                             | SOCIAL SECURITY NUMBER                                                                                                                                            |                                                                                                                                                                  | EMPLOYER I.D. NUMBER    |                                          |    |
| TAXPAYER'S NAME AND ADDRESS |                                                                                                                                                                   | MAKE CHECKS PAYABLE TO:<br><b>TREASURER, CITY OF LANSING</b><br>MAIL CHECK WITH <b>VOUCHER 1</b> TO:<br>INCOME TAX OFFICE<br>P.O. BOX 40752<br>LANSING, MI 48901 | Estimated Tax           | \$                                       | 00 |
|                             |                                                                                                                                                                   |                                                                                                                                                                  | Payment Amount          | \$                                       | 00 |
|                             |                                                                                                                                                                   |                                                                                                                                                                  |                         |                                          |    |

**L-1040PV**      **CITY OF LANSING**  
**INCOME TAX PAYMENT VOUCHER**

**Due Date**  
**April 30, 2011**

| TAX YEAR | DUE DATE       | SOCIAL SECURITY NUMBER or EMPLOYEE I.D. NUMBER | INCOME TAX PAYMENT | DOLLARS | CENTS |
|----------|----------------|------------------------------------------------|--------------------|---------|-------|
| 2011     | APRIL 30, 2011 |                                                |                    |         | 00    |

TAXPAYER'S NAME AND ADDRESS

MAKE REMITTANCE PAYABLE TO:  
**TREASURER, CITY OF LANSING**

MAIL CHECK WITH RETURN AND PAYMENT VOUCHER TO:

Lansing City Treasurer  
P.O. Box 40752  
Lansing MI 48901